EDITORIALS

Progress in Clinical Nutrition

THIS SPECIAL ISSUE of THE WESTERN JOURNAL OF MEDICINE focuses on recent progress in clinical nutrition. It appears appropriately at a time of growing public and professional interest in this important topic, which most agree has received less attention than it should over the past several decades. The articles in this issue draw attention to a number of areas where there have been fascinating advances of considerable clinical significance, advances of which practitioners, students and even researchers in medicine should be aware. They are evidence that nutrition in humans is coming into its own as an integral part of modern medicine and its armamentarium.

While progress such as that reported in this issue is important and essential for the diagnosis and treatment of clinical abnormalities related to nutrition, it does not yet answer many of the burning questions of the day with respect to such things as carcinogens and other toxins in the food chain, or whether some kind of basic alteration in the diet of Americans will make a significant difference in the wellness and longevity of the citizenry. One senses that we are only at the threshold of what will come to be our knowledge of such subjects and that in the meantime it may be premature to embark on attempting to redesign our national eating habits. Until more of the facts are in hand clinical nutrition should be given an important place in biomedical research, and even now it should be given a much stronger place in medical education at every level.

—MSMW

The Nutritional Status of Patients With Cancer

ELSEWHERE IN THIS ISSUE is an article by Drasin and associates on nutritional maintenance in patients with cancer.

Recognition of malnutrition as a complication of oncologic therapy is occurring more frequently, probably because better methods of enteral and parenteral nutritional rehabilitation are now available. Certain medical and paramedical groups such as head and neck surgeons and dietitians always have been quite cognizant of the importance of nutritional support before, during and after cancer treatment and have taken advantage of the available methods to do so. With the introduction of intravenous hyperalimentation (IVH) as a means of total parenteral nutrition and with the often dramatic results obtained with its use, emphasis on nutrition in almost every field of medicine now exists. Pharmaceutical companies have noted rapidly escalating sales of previously ignored nutritional products, and the rush is now on for them to manufacture cheaper and more effective parenteral products and similar enteral products that are also more palatable.

Practical aspects of nutritional management are being taught in medical schools today and, at least in our school, students are literally clamoring to learn the proper techniques of administering IVH and enteral nutritional supplements. Students are graduating from medical schools with knowledge of the "state of the art" in the field of nutrition and, it is hoped, will demand that the nutritional sciences keep abreast in the area of developmental research. Those of us who are older often must relearn the nutritional biochemistry, physiology and pharmacology taught us in medical schools some years ago and must learn for the first time about the newer parenteral and enteral nutritional rehabilitative techniques. Complications from surgical operations, radiation therapy and chemotherapy are fewer and less severe in well nourished patients than in malnourished ones. The therapeutic margin of safety in malnourished patients is very narrow. Response to chemotherapy appears to be enhanced by a good nutritional status. Leukotactic activity and immunocompetence are restored by nutritionally rehabilitating a malnourished patient, and host repletion occurs as opposed to any observed stimulation of tumor growth. Therefore, it would behoove practicing oncologists to be familiar with the available methods of nutritional maintenance and rehabilitation.

The article by Drasin and his associates is an important addition to the literature, not only

because it is a testimonial to the needs of adequate nutritional management of patients with cancer but also because it gives good advice on how to prepare and present table foods and nutritional supplements so that they are made more appealing and palatable to these patients and are better assimilated. Also, the manuscript has most available nutritional products presented in tabular form listing the ingredients, nutritive value, indications for use and costs. This table is valuable, and I recommend it to readers as a good reference for use when setting up a nutritional plan, the goal of which is to maintain optimum nutrition during oncologic therapy in order to give the patient the best opportunity for response to cancer treatment with minimal morbidity and to improve the quality of life.

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Irrationality in Personal or Public Responsibility for Health

AMONG THE MANY CONFUSIONS that characterize the field of health today are the admitted public responsibility for health on the one hand and a growing determination by many persons to make their own decisions about what will or will not be done in their medical and health care on the other. A variation on this theme is found in a case report, "Scurvy Resulting From a Self-Imposed Diet," in this issue. The report describes the case of a 43-year-old woman who produced serious illness in herself by a self-imposed diet which she continued against the advice of others including her physicians. The illness eventually required admission to hospital for ten days—a situation no doubt resulting in considerable cost and one that might be regarded as a preventable contribution to the rising cost of medical care.

While it may be argued that this patient's illness was mental and that her self-imposed diet was a manifestation of this, the fact remains that scurvy is a preventable illness and that the onset of scurvy was not prevented in this case. Even after good medical advice it was the patient's decision to continue with a self-imposed diet which was inadequate, and the additional fact remains that an unnecessary cost affecting the public was incurred.

These are times of considerable government emphasis on prevention, the government having convinced itself that if this can be accomplished the cost of medical care will be reduced substantially, perhaps even dramatically. This approach has been pursued with some vigor. At first physicians were blamed for not paying enough attention to prevention. More recently an awareness is developing that human behavior and the human environment may have more to do with prevention of human illness than anything else. But it has yet to be realized that as more prevention is achieved, people will remain in the health care system longer, eventually compensating for whatever cost savings prevention may have engendered.

Complex issues of public and personal responsibility for health, health care and prevention are all present in the cited case. Human behavior can and does thwart many, and perhaps most, efforts at controlling health care costs—whether by a person insisting upon deeply inhaling cigarette smoke or driving an automobile recklessly at high speeds, or by assuming one knows best what is good for one's body when such may not be the fact.

Perhaps the lesson to be learned here is that people, whether persons who seek to make their own decisions about their own health, or governments which admittedly have responsibilities for health and for protecting the public purse, do not always behave rationally, particularly when they are convinced that they are right and everyone else is wrong. It is likely in our society that the right of a person to do as he or she wishes with his or her own body will gain more recognition rather than lose it. It is also likely that when poor health decisions are made, wherever, the cost will continue to be shared by all of us. It may just not be possible to curtail health care costs without curtailing health care services which may be needed. Nor is it likely that much can be done about irrationality.

—MSMW